



100 BEACH ROAD WAIHI BEACH 3611
PHONE (07) 863 5704 FAX (07) 863 5705

ENROLMENT SCHEME STUDENT APPLICATION

2012 SCHOOL YEAR

Students Name: _____ Male/Female (circle)

Date of Birth: _____ Age: _____

Parent/Caregiver Name: _____

Address: _____

School currently attending (if any) _____

I am applying for my child to be enrolled as a year ____ student at Waihi Beach School starting school in 2012.

Priorities for Enrolment

Enrolments will be accepted in the following order of priority:

(Because we have no special programmes, they are ...)

- 1st siblings of a current student at Waihi Beach School
- 2nd siblings of a former student at Waihi Beach School
- 3rd child of a former student at Waihi Beach School
- 4th child of an employee or a board member at Waihi Beach School
- 5th all other applicants

My child fits into the ____ priority.

The ballot will take place on Wednesday 26 October 2011. You will be informed in writing of the result by Monday 31 October 2011.

Your email address: _____ Phone No: _____

Signed: _____

Date: _____

For future planning, are there other younger siblings who might want to attend Waihi Beach School?

1. Name: _____ Date of Birth: ____/____/____

2. Name: _____ Date of Birth: ____/____/____

3. Name: _____ Date of Birth: ____/____/____